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SCREENING FOR CHILD'S STATUS AS INDIAN

Date (mm/dd/yyyy) Name - Child							Birthdate (mm/dd/yyyy)	
Source(s) of Information					Name - Caseworker			
1.	1. Is any family member a part of or member of an Indian band or Indian tribe or affiliated with an Alaska Native village? ☐ Yes ☐ No ☐ Unknown If Yes, list tribe(s) / band(s) / village(s), if known:							
2.	If Yes, was either of child's biological parents a part of or member of an Indian band or Indian tribe or affiliated with an Alaska Native village? Yes No Unknown If Yes, list tribe(s) band(s) / village(s), if known:							
3.	Has any member of the family ever received services from the Bureau of Indian Affairs? Yes No Unknown If Yes, complete items below:							
•	Name Rela			Relationsh	Selvin to Child		ere Services Received proximate Dates	
4.	Has any member of the family ever attended an Indian school? Yes No Unknown							
٦.	If Yes, complete items below:							
	Nam	е	Relationship	to Child		hool(s) and Approximate ates Attended	Location of School(s)	
5.	Has any member of the family ever received medical treatment at an Indian health clinic or Indian Health Service agency or hospital? Yes No Unknown If Yes, complete items below:							
	Nam	Name Relationship to Child		to Child	Location Where Treatment Received and Approximate Dates			
6.	Has any member of the family ever lived on federal trust land, a reservation, or a rancheria, or in a pueblo or Alaska Native village? Yes No Unknown If Yes, complete items below:							
	Nam	е	Relationship to Child		Name(s) of R	eservation / Village, etc. and Location	Approximate Date(s)	
7.	Has any member of the family ever received educational benefits from the Bureau of Indian Affairs?							
,	Nam	Name Relationship to Child		Location Where Benefits Received and Approximate Dates				
8.	Was either of child's biological parents adopted as a child?							